CLAIMS ONLY

Application Number: 10/069,405 | Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1				51					
~~2~~							52					
3		1		1			53					
4				1			54					
5		1		1			55					
6							56					
7				1			57					
8				1			58					
9				1			59					
10				1			60					
11				1			61					
12				1			62					
13				1			63					
14				1			64					
15				1			65					
16				1			66					
17				1			67					
18				1			68					
19				1			69					
20		1		2			70					
21				1			71					
~~22~~							72					
~~23~~							73					
~~24~~							74					
25				1			75					
26		1		1			76					
27		1		1			77					
28		1		1			78					
29				1			79					
30				1			80					
31				1			81					
32				1			82					
33				1			83					
34				1			84					
35				1			85					
36				1			86					
37				1			87					
38				1			88					
39		2		1			89					
40				1			90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1		1				Total Indep					
Total Depend	80		36				Total Depend					
Total Claims	81		37				Total Claims					